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ABSTRACT

Noting the potential of family support as an effective agent for change, this essay explores family support as community-based services to promote the well-being of children and families designed to increase the strength and stability of families, to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive family environment, and to enhance child development. The essay is organized in three sections. Section 1 describes family support as a time-honored, research-validated way of caring for children, noting that although several factors have contributed to increasing isolation among families and diminished ability to support one another, research has confirmed that supportive networks contribute significantly to parents' ability to raise their children. Section 2 highlights family support and family resource programs as part of a national grassroots movement of community-based programs. This section notes that family support has increasingly been adapted to the needs of families in culturally diverse and in economically disadvantaged neighborhoods and is making a positive differences in the lives of thousands of families by providing direct services to families that empower and strengthen adults in their roles as parents, nurturers, and providers. Section 3 of the essay asserts that a family support approach to the current welfare system would offer families the types of support they need to become economically self-sufficient, safe, and healthy, thereby helping to build an effective, economical social services system. The essay concludes with a delineation of the positive impact of family support in areas such as teenage pregnancy, juvenile delinquency, children's behavior and school performance, child abuse/neglect, and movement of parents from welfare to work. Eleven appendices include premises and principles of family support, typical components of family support programs, and questions-answers about family support programs and their evaluation. (Contains 27 references.) (KB)

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Making the Case for Family Support

An Essay with Supporting Documents

Family Support America, formerly Family Resource Coalition of America, promotes family support as the nationally recognized movement to strengthen and support families and places the principles of family support practice at the heart of every setting in which children and families are present. By identifying and connecting individuals and organizations that have contact with families; by providing technical assistance, training and education, conferences, and publications; and by promoting the voice of families, Family Support America is taking family support to scale as the national strategy for ensuring the well-being of our children today and in the years to come.

For more information or to receive a catalog of publications, contact Family Support America at 20 N. Wacker Drive, Suite 1100, Chicago, IL 60606, 312/338-0900 (phone), 312/338-1522 (fax), or www.familysupportamerica.org.

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What Is Family Support?

At its core, family support is an old-fashioned way of thinking about what it takes to rear children in any society—and how that way of thinking translates into action.

Family support involves nurturing and protecting children by nurturing and protecting the families who are responsible for those children's care. It also requires strengthening families by strengthening the communities that are made up of those families. Family support provides parents and neighborhoods with the resources and supports they need to succeed at the most important job there is: raising healthy, responsible, productive, and joyous children.

A Time-Honored Way of Caring for Children That's Backed by Research

Throughout the centuries, families have relied on each other—on friends, neighbors, and other groups and individuals—for emotional support, advice, role models, help in solving problems, and even material assistance during difficult times.

Today, times are tough. A number of factors have resulted in parents having less time and resources to devote to their own children and families. Changes in family structure that have been brought about by divorce, remarriage, and single parenthood; increasing geographic mobility of families; soaring numbers of mothers in the work force; and growing poverty among children, particularly those in female-headed households, have left families needing more support than ever. Yet these changes have also left families and family members isolated, under increasing stress, and less able to provide support to each other.

In 1993, the federal government recognized the potential of family support as an agent for change when it enacted legislation to provide almost $1 billion to states for family support and family preservation efforts. The Family Preservation and Support Services Program offered the following definition of family support:

> *Community-based services to promote the well-being of children and families designed to increase the strength and stability of families (including adoptive, foster, and extended families), to increase parents' confidence and competence in their parenting abilities, to afford children a stable and supportive family environment, and otherwise to enhance child development.*

In general, the term "family support" is used to describe:

- a time-honored, research-validated way of caring for children
- a national grassroots movement of community-based programs
- a way to an effective, economical social services system

This essay will explore—and integrate—all of these aspects of family support.

These dramatic societal changes began occurring at the same time that researchers in psychology, sociology, health, and other fields were documenting the importance of the first three years of life for human development and success in later years. Those who sought to improve outcomes for children had previously concentrated only on children. Now, they began to understand that the best way to "save the child" was to serve the parents, who, they were learning, played a crucial role in their children's development into adults.

Studies performed by these researchers confirmed that supportive networks contribute significantly to all parents' ability to raise their children. The research corroborates what is common sense to most of us:

- When programs and services reach parents early, children benefit. Effective interventions can positively influence the long-term parent-child relationship and prevent such problems as low birthweight, child abuse and neglect, cognitive impairment, and other problems that prevent children from developing optimally.
- When parents are more connected to other families in their communities, their children benefit. Helping networks have a positive effect on parents' ability to deal with stress, on mothers' perceptions of themselves and their children, on fathers' involvement in child rearing, and on children's self-esteem and school success.
- When people feel responsible for what happens in their neighborhoods, children benefit. Although cohesive neighborhoods cannot negate all of the effects of poverty on families, they can decrease the incidence of violence and crime, and can provide the role models and protective environment that all children need.

When people talk about family support, what they mean includes a wide variety of strategies for re-creating, strengthening, and making available the type of help and support every family needs to raise healthy, productive children and to prevent problems that are associated with family breakdown, such as child abuse, teen pregnancy, and school failure. The family support philosophy is grounded in a set of widely accepted premises and principles about what it takes to successfully raise children in this society (see Appendix A: Premises and Principles of Family Support).

A Grassroots Movement of Community-Based Programs

Borrowing from the self-help movement, parent education programs, and the tradition of settlement houses, family support programs—also called family resource programs—began to emerge in the 1970s. Over the past three decades, those who work with families in communities have shared their developing knowledge and have advocated for renewed national recognition of the essential and primary role that families play in raising the next generation. As a result, family support programs have proliferated across the country.

What began in white, middle-class neighborhoods has increasingly been adapted to the needs of families in culturally diverse and in economically disadvantaged neighborhoods. This national grassroots movement of practitioners working in community-based programs is making a positive difference in the lives of thousands of families.

While there are great differences among family support programs, these programs all pursue similar goals and incorporate many of the same services and activities (see Appendix B: Typical Components of Family Support Programs). But most important, all family support programs value, respect, and empower parents: They acknowledge the hard work that parents are undertaking. They recognize parents' struggles and achievements. They honor families' cultural and ethnic heritages. And they help parents to obtain the knowledge and resources they need to raise healthy children who will become productive adults.

The way in which social services are usually provided is turned on its head in family support programs:

- Programs focus on the entire family in the context of its culture and community, rather than just the individual.
- Programs give priority to the delivery of community-based, preventive, and comprehensive services, rather than fragmented and problem-specific crisis interventions.
- Programs emphasize the strengths, skills, and abilities that enable and empower families to solve problems and achieve goals, rather than focusing on weaknesses and the amelioration of deficits.

- Programs place families in a primary role in the planning, design, and delivery of services, rather than expecting them to fit into a predetermined set of service options.
- Programs provide services, activities, and referrals so that all families get what they need, rather than allowing eligibility requirements to prevent families from receiving needed help, resources, and support (see also Appendix G, Part II: How Family Support Differs from Traditional Services).

In short, these programs provide direct services to families that empower and strengthen adults in their roles as parents, nurturers, and providers, but they do so in very diverse ways and settings. Many programs are comprehensive and provide a range of social, educational, and recreational activities, while others are designed to provide a single service, such as telephone support or parenting classes. Some programs serve specific populations, such as parents of teenagers, and new parents. Others support families as they experience specific life events, such as teen pregnancy, divorce, family crisis, and relocation. Some are staffed by professionals, some by paraprofessionals, some by volunteers, and some by all three.

Family support programs emerge under different auspices: some are private, nonprofit human service endeavors or other types of freestanding, fully independent programs; some are part of larger structures such as schools and hospitals. (For more information on family support programs, see Appendix F: Resources on Family Support).

A Way to an Effective, Economical Social Services System

Each year American taxpayers reach deep into their pockets to meet the costs, both direct and indirect, of policies intended to ameliorate the suffering of families in crisis. If this country continues along its current path, these costs will escalate, as an increasing number of children grow up with tenuous connections to family and society, few skills, scant opportunities, limited knowledge, and little hope (see Appendix C: The Troubling Picture of American Families).

In this time of dwindling resources, it is difficult to stem the rising tide of public skepticism over social services. Many Americans believe that social services drain resources without making a difference; many believe that they lessen parents' control of and influence on their own children (see Appendix D, Q & A: Answering Tough Questions About Family Support).

But turning our collective back on families, either on fiscal or ideological grounds, isn't the answer—it's part of the problem. America can and should help its families to prevent crises from developing in the first place, and in doing so, we can avoid the costs incurred when family members go to prison, enter foster care, or drop out of school. This will require moving from the current crisis-oriented system, which deals with problems after they occur, to a proactive one. It has been estimated that when the public spends thousands of dollars on prevention early in an individual's life, we save hundreds of thousands of dollars down the road (for a case study that underscores this point, see Appendix E: The Million-Dollar Iowan).

Faced with escalating budgets for compensatory, remedial, and protective services, a small circle of entrepreneurial policy-makers has begun to explore new ways of doing business using family support as a strategy for reforming and improving publicly supported services for children and families. The idea is to infuse family support values and approaches into public health, public welfare, education, child welfare, mental health, and juvenile justice. Such infusion would dramatically change the way teachers teach, child welfare workers protect children from harm, and mental health professionals work with families.

For example, a family support approach to our welfare system would view a family's dependence on AFDC as a result of other factors, such as lack of childcare, lack of job training, dependence on alcohol or drugs, physical or psychological problems that result from abuse, health concerns, and lack of transportation. Innovative programs throughout the nation are reforming the welfare system by offering families the different types of support they need in order to become economically self-sufficient, safe and healthy. These include day care, transportation, health care, job training, counseling, legal

assistance and many other types of support. These family-supportive welfare reform initiatives make it clear that many recipients of AFDC bring into the welfare office more than a need for employment, and that, like families encountering other service systems, those seeking to get off welfare are unlikely to meet with success unless a realistic array of support is available to them.

Redesigning services to reflect a family support approach is crucial to the success of these services, and will involve new and closer partnerships between state and local entities and between public and private entities. It will also entail greater and more sustained involvement of consumers in decision making.

Studies on what makes public services effective show that current services need to take on many of the attributes of family support programs to achieve the results they were expected to produce (see Appendix G, Part I: Effective Programs versus Prevailing Systems, and Part II: How Family Support Differs from Traditional Services).

Proof that Family Support Works

Although it is difficult to evaluate family support programs for a number of reasons (see Appendix H, Q & A: Answering Tough Questions About Family Support Program Evaluations), the limited research available indicates that sustained support of families can be important to the well-being of families and children. Specifically, family support programs have resulted in:

- Fewer teenage pregnancies
- Less juvenile delinquency
- Improved behavior and performance of children at school
- Fewer incidents of child abuse and neglect
- More families moving from welfare to work
- Increased self-confidence, knowledge of child development, and parenting skills among parents
- Greater educational attainment among parents
- Increased educational achievement of children and youth (see Appendix I: Results of Evaluations of Family Support Programs)

Making sure that all children are cared for so that they grow into healthy, productive, responsible adults has been the way that societies throughout history and across cultures have ensured their own success. This success has always involved parents asking for and receiving help from others close to them. Every parent has relied on some sort of support system outside of his or her immediate family, whether it was a network of friends and neighbors; grandmothers and aunts who gave advice and care; a church; a sports team or scouting group; or a doctor, teacher, or other professional who was consulted as the children grew.

The family support movement and the programs and people that make up that movement continue to pull the protective threads of community around parents and their children in ways that are new, yet are based on age-old knowledge: in a supportive community, healthy, productive adults raise healthy, safe children—who will later do the same.

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Appendix A. Part I

Premises of the Family Support Movement

- Primary responsibility for the development and well-being of children lies within the family, and all segments of society must support families as they rear their children.
- Assuring the well-being of all families is the cornerstone of a healthy society, and requires universal access to support programs and services.
- Children and families exist as part of an ecological system.
- Child-rearing patterns are influenced by parents' understandings of child development and their children's unique characteristics, personal sense of competence, and cultural and community traditions and mores.
- Enabling families to build on their own strengths and capacities promotes the healthy development of children.
- The developmental processes that make up parenthood and family life create needs that are unique at each stage in the life span.
- Families are empowered when they have access to information and other resources, and take action to improve the well-being of children, families, and communities.

Appendix A: Part II

Principles of Family Support Practice

1. Staff and families work together in relationships based on equality and respect.
2. Staff enhance families' capacity to support the growth and development of all family members—adults, youth, and children.
3. Families are resources to their own members, to other families, to programs, and to communities.
4. Policies and practices affirm and strengthen families' ethnic, racial, and linguistic identities and enhance their ability to function in a multicultural society.
5. Programs are embedded in their communities and contribute to the community-building process.
6. Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
7. Practitioners work with families to mobilize formal and informal resources to support family development.
8. Programs are flexible and continually responsive to family and community issues.
9. Principles of family support are modeled in all program activities, including planning, governance, and administration.

Appendix B

Typical Components of Family Support Programs

(Goetz and Peck, 1994)

Life-skills training
This includes literacy, employment, and vocational training; general education; and enhancement of personal skills such as problem solving, stress reduction, budgeting, and communication.

Parent classes and support groups
These provide information on and instruction in child development, and opportunities for parents to share their experiences and concerns with peers.

Parent-child groups and family activities
These provide occasions for parents to spend time with their children in activities that are planned by staff with parent input.

Drop-in time
This provides informal opportunities for parents to spend time with staff members and other parents.

Childcare
This is usually offered for children whose parents are participating in program activities. Some family support programs also provide childcare as a respite service or as part of a regular childcare center.

Information and referral services
These link families with other community resources.

Advocacy
Efforts may be made on behalf of specific families with distinct concerns or on behalf of the entire community for systems and services that are equitable, inclusive, and responsive.

Newsletters
Newsletters provide information about program activities, child development, and parenting, as well as listings of local events and resources for families.

Crisis intervention and family counseling
These services respond to parents' special concerns about their children, other family members, and specific family issues.

Auxiliary support services
Examples include clothing exchanges, food pantries, and transportation.

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Appendix C

The Troubling Picture of American Families

Striking economic, social, and demographic changes are affecting American families in powerful ways. The crucial formative years of childhood have become a time of peril and loss for millions of children and their families.

Economic changes are placing families under increasing stress.

- Incomes do not go as far as they used to. Real wages, adjusted for inflation, have been declining for American workers since 1973. Average weekly earnings have fallen from $315.38 to $254.87, or 19.2 percent (Center on Hunger, Poverty and Nutrition Policy, 1995, p.15).
- Due to recessions and corporate downsizing, mergers, and acquisitions, Americans feel very insecure about their jobs and their families' economic future. More than 12.2 million white-collar workers lost their jobs between 1987 and 1991 (U.S. Bureau of Census). A national poll shows that 18 percent of employees think they will experience a temporary layoff during the coming year, and 17 percent suspect they will lose their jobs altogether (Kagan and Weissbourd, 1994, p.113).
- Full-time, year-round work at the minimum wage provides a family of three only 80 percent of what the federal government considers to be the poverty level (Lavelle, 1995, p.83).
- It takes two wage earners to bring home what one earned 30 years ago. In 82 percent of the families earning $25,000 to $50,000 in 1995 both partners worked to achieve this level of income. In 69 percent of the families earning $50,000 or more, both husband and wife worked (*Chicago Tribune*, 1995).
- 54.5 percent of mothers of children under three years old are in the labor force compared to 34 percent in 1975 (Kagan and Weissbourd, 1994, p.112).
- 63.3 percent of mothers of preschoolers (children from three to five years old), 75.3 percent of mothers with school-age children (six to 13 years old), and 77.5 percent of mothers of teenagers (14 through 17 years old) are in the labor force (Kagan and Weissbourd, 1994, p.112).
- Parents increasingly are feeling overwhelmed as they try to balance work and family life. 42 percent of U.S. workers feel "used up" at the end of the work day, and 40 percent feel so tired in the morning that it is hard to get up and face another day at work. 17 percent of parents with children under age 13 experience "a lot" or "quite a lot" of conflict balancing work, family, and personal life, while another 43 percent experience "some" conflict (Kagan and Weissbourd, 1994, p.113).

Pressures on single-parent families have intensified.

- One in four American children lives in a single-parent home (Annie E. Casey Foundation, 1994, p.16).
- In 1991, the birthrate among teenagers was 62.1 births per 1,000—the highest in a quarter of a century (Children's Defense Fund, 1994, p.53).
- Children in single-parent households typically do not have access to as many economic, housing, or human resources as those in two-parent families (Annie E. Casey Foundation, 1994, p.16). In 1994, 53 percent of children in mother-only families lived below the official poverty line (Zill and Nord, 1994, p.42). And of children in single-parent, female-headed households, 57 percent of African American, 57 percent of Latino, and 39 percent of white children lived in poverty in 1992 (U.S. Bureau of the Census, 1993).
- People who grew up in single-parent households are more likely to drop out of school and to head single-parent families than those who grew up in two-parent households, and are likely to experience a lower socioeconomic status (Carnegie Task Force on Meeting the Needs of Young Children, 1994, p.14).

Many neighborhoods are not providing a safe, supportive environment for families.

- Nearly 4 million children are growing up in "severely distressed neighborhoods"—places that measure high in four or more of the following risk factors: poverty, female-headed families (considered a risk factor because of the probability of poverty in these households), high school dropout, unemployment, and reliance on welfare (Annie E. Casey Foundation, 1994, p.11).
- Only a few decades ago, America's families lived in neighborhoods with their extended families and friends--communities served by religious and volunteer organizations. They received information, advice, help, and support from these networks, and from schools, businesses, parks, recreational facilities, and transportation systems. Now, young families are less likely to live near their extended families, and greater numbers of working parents and varied work schedules have interrupted old rhythms of neighborhood life. It is now difficult for parents to connect with other parents, to support each other, and to build friendships (Carnegie Task Force on Meeting the Needs of Young Children, 1994, p.16).
- 47 percent of mothers in one survey reported that their children had heard gunshots in their neighborhood; one in 10 of these young children had witnessed a knifing or shooting before age six (Carnegie Task Force on Meeting the Needs of Young Children, 1994, p.17).

American children are at risk now like never before.

- About 25 percent of families with children under three years of age fall below the poverty line. The rates are higher still for African American families, Latino families, and single-parent families with young children (Carnegie Task Force on Meeting the Needs of Young Children, 1994, p.17). In 1990, 38.4 percent of Latino children (Zambrana, 1995, p.30) and 33 percent of African American children (Ash, 1994, p.B1) lived in poverty, compared to 20 percent of children overall in the U.S. (Zambrana, 1995, p.30).
- Of the approximately 100,000 children who are homeless each night, nearly half are under age six (Carnegie Task Force on Meeting the Needs of Young Children, 1994, p.18).
- In 1993, the number of children reported abused or neglected had tripled since 1981, reaching almost 3 million (Children's Defense Fund, 1994, p.19).
- In merely four years, from 1987 to 1991, the number of children in foster care jumped by more than 50 percent—from 300,000 to 460,000 (Carnegie Task Force on Meeting the Needs of Young Children, 1994, p.4).
- Juveniles account for a rapidly growing share of homicide victims and offenders. Homicide is the third leading cause of death for elementary and middle school children. The number of juveniles arrested for murder and non-negligent manslaughter increased by 127.9 percent between 1984 and 1993. The number of adults arrested for the same crimes increased by just under 13 percent (Children's Defense Fund, 1995, p.61).
- Between 1989 and 1992, the number of children receiving food stamps increased by 41 percent to 13.3 million (Lavelle, 1995, p.37).
- Inadequate health care increases children's risk of becoming developmentally impaired. Almost 9 million children or about 13 percent of all children in the U.S. had no health insurance at all in 1992 (Children's Defense Fund, 1994, p.9).
- One in four babies is born to a mother who did not receive prenatal care in the first trimester of pregnancy (Children's Defense Fund, 1994, p.83).
- The U.S. infant mortality rate is 8.9 per 1,000. The U.S. ranks 22nd internationally and is at the bottom of leading industrialized nations ranked in this category. For African Americans, the infant mortality rate is 18 per 1,000—double the national average (Annie E. Casey Foundation, 1994, p.12).

Public expenditures in America have been primarily directed to addressing the consequences of poor outcomes—through compensatory and rehabilitation services, support to meet basic needs, and public protection—rather than to preventing or correcting these outcomes early in life.

- From 1985 through 1990, estimated public expenditures related to teenage childbearing totaled more than $120 billion. More than $48 billion could have been saved if these births had been postponed until the mother was 20 or older (Carnegie Task Force on Meeting the Needs of Young Children, 1994, p.21).
- For a low-birthweight infant, initial hospital care averages $20,000, and total lifetime medical costs average $400,000 (Carnegie Task Force on Meeting the Needs of Young Children, 1994, p.21).
- About 82 percent of all Americans in prison are high school dropouts. The average annual cost to maintain each prisoner is $20,000. A year of high-quality preschool costs about $4,800 and has been shown to decrease the teen arrest rate by 40 percent (Committee for Economic Development, 1991, p.11).

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Appendix D

Q & A: Answering Tough Questions About Family Support

Q: Won't these so-called "family support" programs further lessen parents' control of and influence on their own children?

A: Absolutely not. In fact, family support programs reaffirm that parents are the most important people in the lives of their children by doing whatever it takes to support and encourage parents in their parenting roles.

Q: Don't these programs send the message that you don't have to be responsible for yourself and your children—others will do it for you?

A: Every parent has used some sort of support system outside of his or her immediate family, whether it was a network of friends and neighbors; grandmothers and aunts who gave advice and care; a church; a sports team or scouting group; or doctor, teacher, or other professional who was consulted as the children grew. Family support programs simply attempt to strengthen or re-create these helping resources for parents, right in their own neighborhoods, during a time when support systems are less available than they have ever been.

In addition, parents who participate in family support programs are partners, not passive bystanders, in the process. Programs facilitate parents' ability to serve as resources to each other, to participate in program decision making and governance, and to advocate for themselves in the broader community. Even the terminology of "participant" rather than "client," "case," or "referral" reflects the expectation that services will not be a one-way street.

Q: Do we really need another government program intruding on family life?

A: While family support programs are funded by various public and private funding streams, they are community-based, not government-operated. In the best neighbor-helping-neighbor tradition, family support programs are designed by, operated by, and accountable to the communities in which they are located.

No family is intruded upon. Participation in a family support program is strictly voluntary.

Q: Isn't this just another social program that will drain resources and waste money?

A: In the context of social services, family support is an entirely new way of thinking and doing business that focuses on preventing the costs we now incur due to neglected opportunities. Perhaps the Committee for Economic Development, an independent research and educational organization made up of the nation's top business leaders and educators, said it best:

Business people know that it is less expensive to prevent failure than to try to correct it later. Early intervention for poor children from conception to age five has been shown to be a highly effective strategy for reducing later expenditures on a wide variety of health, developmental, and educational problems that often interfere with learning (Committee for Economic Development, 1991, p.11).

Q: Will these programs create an additional "family support" bureaucracy?

A: On the contrary, family support programs reduce bureaucracy, eliminate duplication, and coordinate and streamline various public and private services at the community level.

Q: Don't family support workers impose their own values and ideas on parents?

A: Absolutely not. An important characteristic of family support programs is that they acknowledge and address the context in which families exist, appreciating and valuing each family's community and culture as well as its individual traditions, values, and lifestyle. In addition, most programs go to great lengths to hire staff who live in the communities that they serve. In many cases, family support workers and the parents with whom they work are neighbors. Workers look like, sound like, and hold similar beliefs and values as the families whom they serve.

Appendix E

The Million-Dollar Iowan

The following story is a fictitious one, but one that describes too many Americans today (Center for Child and Family Policy, 1993, p.2).

At age 48, John Smith has become a million-dollar Iowan. He did not win the Iowa lottery or become a millionaire. Rather, he has now cost Iowa taxpayers over $1 million for his care and for society's protection. John Smith has spent 20 years of his adult life in correctional institutions (most for reasons of burglary and robbery but also for violent actions) and over three years of his adolescent life in training schools and residential treatment programs. His prison time has cost the state $450,000 (25 years times $18,000), his juvenile treatment an additional $175,000. Probation services during the time John was not locked up have amounted to $40,000. Court expenses for his prosecution and his appeals have amounted to over $150,000. Special medical bills for preventable neurological disorders have cost another $175,000.

John Smith's mother did not have a high school diploma, and lived most of her life in poverty, sometimes on public assistance. When she gave birth, she had had no prenatal care, and her son was born prematurely and at low birthweight. John suffered from hyperactivity and a chaotic home environment. His mother was unable to control him by the time he was seven, and John was abused by his stepfather. John was a disciplinary problem in school, and never completed 10th grade, although he finally got a GED in prison, aided by the completion of some training programs in the prison school.

John estimates that, in addition to the costs to taxpayers, he has robbed Midwestern residents in the vicinity of $300,000 in goods. During the times when John has lived in society as an adult, he has fathered two children, one of whom has been in five foster homes and now is a candidate for the state training school. John may well have helped ensure Iowa has a new generation of million-dollar Iowans.

In John Smith's case, one can find points at which actions could have been taken which could have resulted in a better outcome for both John and society.

If John's mother had received support, counseling, and prenatal care during pregnancy, she might have given birth to a normal-birthweight baby, without any neurological disorders. If she had received enhanced training and family development opportunities, she might have provided a more economically secure home. If a quality early childhood program had been available, John might have started school on par with his class, more ready to succeed. If health care had been provided on a primary and preventive basis while John was an infant and toddler, he may not have needed so much medical attention as an adult. If John's family had been involved in parenting programs and home visiting, he might not have been abused as an infant and angry as a teenager. Finally, if John had been encouraged, he might have completed high school and developed his own career.

In short, preventive investments (in the thousands, rather than the hundreds of thousands of dollars) in the early years of John's life might have helped him to become a contributing member, rather than a threat, to society. If he had earned even three-quarters of the median income for his age group during this period, he would have paid in Iowa taxes, over a thirty year period, more than $50,000. Most importantly, his children would be on a path to success, not dependency. Overall, John would have contributed hundreds of thousands of dollars to society, rather than draining society of these amounts.

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Appendix F

Resources on Family Support

Following are descriptions of some of the publications on family support that are available through Family Support America.

The number of quality resources on family support is growing constantly, and this brief list is by no means comprehensive, but the resources listed here are a place to start. Additional sources are listed in the "Sources Cited" section of this publication. Many of them list even more publications in their notes and references.

For a more complete publications catalog, contact Family Support America at 20 N. Wacker Drive, Suite 1100, Chicago, IL 60606, 312/338-0900 (phone), or 312/338-1522 (fax)—or visit www.familysupportamerica.org.

America's Family Support Programs: Perspectives and Prospects

Sharon L. Kagan, Douglas R. Powell, Bernice Weissbourd, & Edward F. Zigler, eds.
(Yale University Press, 1987, 413 pp., paper)
Item No. X027
Members & Non-members: $18

This family support classic, authored by a blue-ribbon group of practitioners, researchers, and policymakers, overviews the emergence of family support programs in the 1970s and 1980s in response to the changing needs of families. The roots of the movement are here: the historical and social context of modern family support efforts; the range and variety of programs; and the challenges of funding, staffing, and managing family support programs. The authors chronicle past problems and accomplishments and offer specific recommendations for the future. This volume represents the collective wisdom of key leaders in the family support movement.

The Basics of Family Support: A Guide for State Planners (and Others)

Kathy Goetz & Shelley Peck, eds.
(1994, 132 pp., paper)
Item No. C023
Members: $20 Non-members: $30

The most comprehensive and up-to-date manual on family support available today, this guide was commissioned by the U.S. Department of Health and Human Services as part of its effort to implement the 1993 Family Preservation and Support Services Program. Detailed profiles of 25 family support programs—including nuts-and-bolts information on budgets and funding sources, staff titles and salaries, and service components and costs—are enhanced by a description of each program in action and stirring testimonials from participants. Introductory chapters present family support in a nutshell and how-to information on planning and funding family support programs.

Empowerment and Family Support

Moncrieff Cochran, ed.
(Cornell University Cooperative Extension, 1995, 167 pp., paper)
Item No. X036
Members & Non-members: $6.30

From leading researchers in the parent empowerment movement comes this compilation of two years' worth of *Empowerment & Family Support*, a networking bulletin published by members of the Cornell Empowerment Group. Articles offer research findings and program models (local, statewide, and national) to show how family support can empower families, especially low-income families, to meet the challenges that face them. Special topics like Child Care and the Empowerment Process, Evaluation and Empowerment, Redefining the Professional Role, Women and Development, and A Global View of Empowerment and Family Support are covered in depth. References and resources abound.

Enabling and Empowering Families: Principles and Guidelines for Practice

by Carl Dunst, Carol Trivette, & Angela Deal
(Brookline Books, 1988, 212 pp., paper)
Item No. X002
Members & Non-members: $25

If you work with families and you want more training in family systems assessment and intervention from an empowerment perspective, this invaluable resource is for you. It blends theory and practice and contains pointers for applying the principles, along with case studies illustrating how to apply them. Hands-on tools included are tested principles, operating guidelines, and assessment forms including a Family Resource Scale, Family Functioning Style Scale, Resource Scale for Teenage Mothers, Family Needs Scale, Family Strengths Profile, and more.

America's Family Support Magazine

Published quarterly, *AFSM* is Family Support America's primary means of spreading the word about family support. Each issue concretely illustrates the principles that guide family support programs and policies (see Appendix A). Articles often feature community-based program models that put these principles into practice daily. Leaders in the field share their expertise on a variety of topics, from work-and-family issues to building programs for at-risk families. In addition to a focus topic, each issue contains practical information on such subjects as fundraising, evaluation, and program design and operation, as well as policy, health, and education issues. The magazine is a benefit of membership in Family Support America. Back issues are available; costs are $5 per issue for members, $10 for non-members.

Family Support Fact Sheets

Each of these free four-page fact sheets contains a review of the principles of family support and common features of family support programs followed by an essay on the fact sheet's topic, examples of program models, and national resource organizations to contact for more information.

Topics: Prevention of Alcohol & Other Drug Abuse, Prevention of Child Abuse, Comprehensive Collaborative Services, Family Literacy, Incarcerated Parents, School-Linked Services, School Readiness, HIV/AIDS, Teen Parents, Welfare Reform.

Programs to Strengthen Families: A Resource Guide, Third Edition

Kathryn Goetz, ed.
(1992, 200 pp., paper)
Item No. C001
Members: $20 Non-members: $30

What are family resource programs? What services do they deliver and how do they do it? How are they funded? The cornerstone of any family resource professional's library, this information-packed volume showcases a diverse group of programs and includes descriptions of goals, history, staffing, outreach, evaluation, and replication efforts. If you're new to family support, you'll find 65 program summaries which will help you understand what programs look like and how family support principles are translated into action. If you're a seasoned professional, look to this third edition (with more than 30 new programs and six state initiatives not found in previous editions!) to generate new ideas and to track the many significant changes we're seeing in family support programs.

Putting Families First: America's Family Support Movement and the Challenge of Change

Sharon L. Kagan & Bernice Weissbourd, eds.
(Jossey Bass, 1994, 558 pp., hardcover)
Item No. X029
Members & Non-members: $45

A classic. Two nationally recognized leaders in family support—the editors of the 1980s seminal text America's Family Support Programs—bring us this volume, which details the field's issues and challenges and offers insights into strengthening policies, programs, and services. This book traces the movement of family support programs into mainstream institutions such as schools, workplaces, churches, and prisons. Leading family support scholars and practitioners project their vision of a future in which family support principles and approaches guide systems, communities, and national policies in promoting family well-being.

Supporting and Strengthening Families
Vol. 1: Methods, Strategies, and Practices

Carl Dunst, Carol Trivette, & Angela Deal, eds.
(Brookline Books, 1994, 250 pp., paper)
Item No. X030
Members & Non-members: $30

The team of respected family support thinkers that brought us Enabling and Empowering Families in 1987 has built and elaborated upon their model in this new volume. Packed with useful theory, methods, and strategies for adopting an empowerment and family-centered approach, this resource belongs in the library of anyone working to support families and strengthen the functioning of families and individuals.

Two Generation Programs for Families in Poverty: A New Intervention Strategy

Sheila Smith, ed.
(Ablex Publishing Corporation, 1995, 268 pp., paper)
Item No. X042
Members & Non-members: $24.50

Finally, an in-depth look

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at programs that help parents find a path out of poverty while also attending to the needs of their children. This book examines four two-generation economic self-sufficiency program models, and assesses their potential value and replicability. The book's renowned contributors also present current knowledge about the effectiveness of welfare-to-work interventions; early program evaluation data; and trends in child, family, and welfare policy; and they describe ongoing evaluations that will further assess the impact of two-generation programs.

Within Our Reach: Breaking the Cycle of Disadvantage
by Lisbeth B. Schorr
(Anchor Books, 1989, 397 pp., paper)
Item No. X007
Members & Non-members: $10

There is good news in the world of human services delivery. In this compelling analysis of what has actually worked in some communities to break the cycle of disadvantage and to help people move toward economic self-sufficiency, former Family Support America Board member Lisbeth Schorr provides a detailed discussion of several successful local interventions in education, health, social services, and family support. All of these efforts were grounded in the theoretical assumptions on which the field of family support is based. By exploring models that have made a difference, Schorr makes specific proposals for service delivery reform.

Appendix G: Part I

Effective Programs versus Prevailing Systems

Attributes of Effective Programs	Undermined by Attributes of Prevailing Systems
comprehensive, flexible	*fragmented, categorical funding*
responsive and individualized	*rule-driven and standardized*
front-line worker discretion	*minimal discretion*
preventive, inclusive, strength-based	*crisis orientation, deficit-based eligibility and responses*
shaped by client needs	*shaped by agency needs*
unbureaucratic climate	*bureaucratic climate*
collaboration across systems and disciplines	*narrowly defined professional responsibilities*
family focus	*categorical training*
outcome-oriented accountability	*input-regulated accountability*
rooted in community	*rigid and conflicting eligibility requirements*
emphasis on relationships of mutual trust	*large case loads*
evolving	*unchanging over time*
relentless problem-solving	

(Schorr, 1994)

Appendix G: Part II

Part II: How Family Support Differs from Traditional Services

Family Support Services	Traditional Services
Help to prevent crises by meeting needs early	*Intervene after crises occur and needs intensify*
Offer help meeting basic needs, special services, and referrals	*Offer only specific services or treatments*
Respond flexibly to family and community needs	*Program and funding source dictate services*
Focus on families	*Focus on individuals*
Build on family strengths	*Emphasize family deficits*
Reach out to families	*Have strict eligibility requirements*
Often offer drop-in services	*Have rigid office hours*
Respond quickly to needs	*Often have waiting lists*
Offer services in family's home or in home-like centers	*Services are office-based*

(Allen, et al., 1992, p.6)

Appendix H

Q & A: Answering Tough Questions About Family Support Program Evaluations

Q: Why is it so difficult to evaluate family support programs?

A: The tools traditionally used for measuring outcomes of social services do not work well for family support programs. Family support programs respond to the whole array of issues that families bring into the program, not a single issue or task that is easily identified and evaluated. Families participate in a variety of ways in family support programs, such as dropping in for casual conversation, participating in groups and social activities, and using the program's referral services to access many services outside of the program. Measuring exactly who got what from the program would be very difficult.

Professional evaluators say that the best way to determine the effectiveness of a program is to assign different service approaches (provided through different programs, different components of the same programs, or through no program at all) to families on a random basis, and to then evaluate which families obtained the best results. Other forms of evaluation, they contend, invite nagging questions of whether some preexisting characteristic among the families being studied contributed to the evaluation results. However, the evaluation approach they suggest conflicts with ideals of family support programs. Because family support programs are voluntary and available to any family seeking support, ethical, political, and logistical problems arise when services are selected in a random way, or are denied to certain families altogether, for the purpose of creating a control group.

In addition, most family support programs have few resources to spare for evaluations. Almost every dollar raised by these programs is needed for basic operations. The privately funded evaluation of the Avance program in San Antonio cost about $3 million, an overwhelming sum for most community-based organizations that operate family support programs.

Q: Aren't the results of program evaluations often mixed, at best?

A: Yes, for two very good reasons:

1. Even in very controlled situations, it is very difficult to show clear evidence of a program's efficacy. The gains from a family support program's interventions will be different for different individuals and families, which produces real challenges in measuring outcomes.

The lack of rigorous assessment is by no means limited to family support, nor to social services in general. For example, hundreds of millions of dollars are spent on medical research each year. Yet, it is surprising how little we actually know about the effectiveness of many very commonly applied medical treatments. This has led to wide variations in medical practice and lack of consensus on the use of most medical procedures. To expect evaluations of social interventions, with their added complications, to produce clear evidence of impact on outcomes is not realistic, especially when many fewer resources are devoted to evaluating them.

2. Social services that include family support programs do not operate in a vacuum. A family support program may be necessary, but not necessarily sufficient, to improving outcomes in a particular community. In a community in which a family support program exists, but opportunities for employment, economic security, and physical safety do not, the program may not be sufficient for producing better outcomes for families.

Q: Why isn't there clear evidence of the effects of family support programs on whole communities or society at large?

A: To expect family support programs to have a community-wide effect is only appropriate to the extent to which services are available and used community-wide. Family support services that are actually available to everyone in a whole community are rare.

For example, the widely cited Beethoven Project in the Robert Taylor Homes, a Chicago public housing development, serves families in only six of the development's 42 high-rises—a total of 150 families, out of the 500 who live in those six high-rises. And if it had the resources, it could serve an additional 150 families. Families are placed on waiting lists for the program's childcare services, and it cannot find enough substance abuse treatment slots with community providers to serve even the limited number of clients it has.

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Appendix I

Results of Evaluations of Family Support Programs

Avance

The Avance program provides home visits by trained staff members (many of whom are former participants); presents weekly classes on child growth and development; and disseminates information about community services. English classes, and high school and employment preparation courses. It serves approximately 2,000 predominantly Mexican-American, low-income families with young children in Houston, San Antonio, and the Rio Grande Valley each year.

At the end of the first year of participation, mothers:

- were providing a more educationally stimulating and emotionally encouraging environment for their children;
- had more knowledge of community resources available to their families;
- had developed less strict attitudes about child rearing; and
- had developed more positive attitudes toward their role as teachers of their young children.

At the end of the second year of participation, mothers:

- were more likely to be enrolled in or have completed courses to prepare for the General Equivalency Diploma (GED), or to be taking classes in English as a Second Language (ESL).

(Johnson and Walker, 1991)

Parents As Teachers

The Parents As Teachers (PAT) program in Missouri offers regular home visits by parent educators, coordinates group meetings among parents, conducts screenings of children's development, and links families to other needed community services. It serves new parents and their children from the time of childbirth through the child's fourth birthday.

- Parent knowledge of child development increased significantly for all types of families during their three years of program participation.
- For one-third of the families who were deemed at risk of negative outcomes for their children, observed risks were resolved by the families' completion of the program.

(Pfannenstiel, et al., 1991)

Early Childhood and Family Education Program

The Early Childhood and Family Education program in Minnesota is open to all families with children from birth to kindergarten. It offers child development information and services to enhance parenting techniques and to promote positive parental attitudes.

Parent participants reported increases in:

- feelings of support from others;
- their sense of confidence and self-esteem as parents; and
- knowledge, awareness, and understanding of children, child development, and the parental role.

(Cooke, 1992)

Yale Child Welfare Project

The Yale Child Welfare Project provided medical care, parent counseling, job counseling, and home visits to low-income mothers and their children from birth to age two and one-half.

Compared to families in a control group who had not participated in the program:

- thirteen of 15 participating families left welfare (compared to eight of 15 control-group families);
- participating families delayed birth of a second child an average of nine years (compared to five years for control group);
- participating mothers achieved more education;
- boys in participating families were rated by their teachers as showing less aggression and disobedience, and lying and cheating less; and
- boys in participating families required less special education.

(Seitz, et al., 1985)

Houston Parent Child Development Program

The Houston Parent Child Development Program used home visits, group sessions for parents, and educational day care to support low-income Mexican-American families with children aged one to three.

Compared to families who did not participate in the program:

- participating mothers were more affectionate and responsive and less punitive;
- participating children score higher on cognitive tests during a one-year follow-up; and
- participating children were rated by teachers as less disruptive, restless, and aggressive during a five- to eight-year follow-up.

(Johnson and Walker, 1987)

Syracuse University Family Development Research Project

The Syracuse University Family Development Research Project provided home visiting, parent training and education, and day care to families headed by low-income mothers who had less than a high school education.

- Families in a participant group, evaluated after three years in the program, received higher cognitive and social/emotional ratings than those in the control group of non-program participants.
- A 10-year follow-up study showed that six percent of youth in the participant group had records with the juvenile justice system, versus 22 percent of youth in the control group. One out of four youths in the participant group experienced chronic delinquency but no serious offenses, whereas five out of 12 youths in the control group experienced chronic delinquency, and all of their cases of delinquency involved serious crimes.

(Lally, et al., 1988)

High/Scope Perry Preschool Project

The High/Scope Perry Preschool Project in Ypsilanti, Michigan, is a very comprehensive program that combines a high-quality early childhood program with home visits and support for parents.

- A 14-year follow-up study showed that compared to a control group of non-program participants, 20 percent fewer program participants dropped out of school, half as many became pregnant during their teen years, and twice as many were employed.

(Schweinhart, et al., 1993)

Addison County Parent-Child Center

The Addison County Parent-Child Center in Vermont provides a combination of home-based services, center-based education, therapeutic childcare, family therapy, and other services to families predominantly headed by adolescents.

Among families served at the center between 1983 and 1987:

- welfare dependency dropped from 40 percent to 17 percent;
- incidents of child abuse declined from 21 percent to two percent;
- employment (including part-time) increased from 10 percent to 70 percent; and
- the percentage of parents who had received high school diplomas increased from 30 to 71.

In addition, from the Center's inception through 1987:

- the rate of adolescent pregnancy in the county dropped from 70 per 1000 to 45.2 per 1000, which was the lowest rate in the state;
- only 13 percent of the adolescents served by the center became pregnant more than once;
- 90 percent of adolescent participants received prenatal care, compared to 49 percent in the rest of the state; and
- the infant mortality rate in Addison county dropped to 5.6 percent, compared to 8.9 percent in the rest of the state.

(Meyers, 1991)

Comprehensive Child Development Program

The Comprehensive Child Development Program (CCDP) funds 24 centers nationwide to provide intensive, comprehensive, integrated, and continuous support services to children from low-income families from birth until their entrance into elementary school.

Compared to members of a randomly selected control group:

- CCDP mothers are more likely to be enrolled in academic classes or job training;
- CCDP families make more use of community resources;

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- CCDP mothers interact more positively with and have higher expectations of their children, and exhibit fewer attitudes associated with child abuse and neglect; and
- CCDP children score higher on a standard developmental scale, exhibit more prosocial behavior (for example, they are more cooperative and more likely to follow rules), and suffer fewer injuries that require them to be hospitalized.

(U.S Department of Health and Human Services, 1994)

Healthy Start
The Healthy Start program in Hawaii, upon the birth of children in hospitals, systematically screens the infants' families for various factors that often lead to child abuse and neglect. Families identified as at-risk are invited to accept comprehensive home visiting services for the first five years of the child's life.

Evaluation after the program's first three years showed that:

- no cases of abuse of target children were reported among participating families;
- only four cases of neglect were reported by project staff to child protection services; and
- in 99.5 percent of all families who had been identified by the initial hospital screening as not at risk, no abuse occurred.

Data collected in 1992 indicate that expansion of the original pilot program has not reduced its effectiveness; no abuse or neglect was found in over 99 percent of the families.

(Goetz and Peck, 1994)

Walbridge Caring Communities Program
The Walbridge Caring Communities Program strives to offer seamless services to children enrolled in three schools in St. Louis, Missouri, and their families; the community served is primarily African American and low-income.

- Students who received case-management services through the program showed a 198-percent improvement (measured in grade averages) over a three-year period. In 1991 alone, grade averages for these students improved by 26 percent.

(Philliber Research Associates, 1991)

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